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ABSTRACT

This paper describes a risk-protection perspective on adolescent problem behavior and mental health and its implications for experiential and adventure educators. Empirically, multiple biological, psychological, and social factors in the individual, family, and environment are predictive of various adolescent antisocial behaviors such as delinquency, violence, substance abuse, and school dropout. Behavioral involvement increases with greater number of risks present, and most problem behaviors share common risks. Although not all children and adolescents exposed to risks engage in problem behavior, protective factors moderate or mediate exposure to risks, protecting individuals by reducing their negative effects or by altering the individual's reaction to them. The Social Development Model hypothesizes that children and youth learn prosocial and antisocial behaviors through an iterative socialization process involving family, school, community, religious organizations, and peers, and that youth who are bonded to a social group are unlikely to risk rejection by violating behavioral standards. With regard to experiential education and adventure therapy, programs must be designed to address specific risks associated with targeted behavioral problems. Additionally, the Social Development Model directs attention to the types of opportunities provided to clients and to the social networks in which they are provided. Includes a chart of adolescent problem behaviors and their associated risk factors. Contains 12 references. (SV)

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Adventure Programming & Prevention of Adolescent Problem Behaviors: Applying Research and the Public Health Model of Prevention

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ABSTRACT

Whether fueled by reality or perception, adolescent problem behaviors such as violence, delinquency, substance abuse, and school drop out, continue to plague America and other countries. Unfortunately, solutions have not come easily. Currently a consensus is building around the research-driven risk-protective factor, public health model approach to prevention–intervention efforts regarding these behaviors. Adventure therapists, experiential educators, and others should understand this model and the implications it holds for their programs. By addressing known risk and protective factors, we enhance the likelihood that our efforts will be effective, regardless of where they fall along the prevention–intervention continuum.

A Risk–Protective Factor Approach to Intervening in Adolescent Problem Behaviors

From the Institute of Medicine (1994) to the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice (1993, 1995), a risk-protective factor perspective on adolescent problem behavior and mental health is taking hold. A risk-focused approach makes empirical sense for two reasons. First, there has been apparent success with a risk-focused approach to other problem behaviors. For example, school failure rates have been re-

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duced by addressing associated risk factors (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikert, 1984). The second reason for taking a risk-focused approach is the apparent failure of other prevention-intervention programs which have not addressed known risks.

Empirically, multiple biological, psychological, and social factors in the individual, family, and environment are predictive of various adolescent antisocial behaviors including delinquency, violence, substance abuse, and school drop out. These risk factors are characteristics, variables, and hazards that, if present in an adolescent's life, make it more likely that an adolescent will engage in the associated behavior. The more risks present, the greater the likelihood of behavioral involvement. This is similar to what we know about risks for heart and lung disease (i.e., smoking, poor diet, family history, and other factors raise an individual's risk for these diseases).

Not surprisingly, while some risk factors are unique to a given adolescent problem behavior, most behaviors share common risks. Furthermore, although risk levels may differ across races, cultures, and classes, the risk factors themselves and their effects are rather consistent across groups of people (for research reviews, see Brewer, Hawkins, Catalano, & Neckerman, 1995; Hawkins, Catalano, & Miller, 1992; Jenson, 1997; Richman & Bowen, 1997; Williams, Ayers, & Arthur, 1997). Chart 1 details the risk factors associated with various adolescent problem behaviors. To be included in the chart, each factor had to show predictive results in two or more longitudinal research studies.

Chart 1. Risk Factors for Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	*				
Availability of Firearms		*			*
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	*	*			*
Media Portrayal of Violence					*
Transitions and Mobility	*	*		*	
Low Neighborhood Attachment and Community Disorganization	*	*			*
Extreme Economic Deprivation	*	*	*	*	*
Family					
Family History and the Problem Behavior	*	*	*	*	
Family Management Problems	*	*	*	*	*
Family Conflict	*	*	*	*	*
Favorable Parental Attitudes and Involvement in the Problem Behavior	*	*			*
School					
Early and Persistent Antisocial Behavior	*	*	*	*	*
Academic Failure Beginning in Elementary School	*	*	*	*	*
Lack of Commitment to School	*	*	*	*	
Individual and Peer Group					
Rebelliousness	*	*		*	
Friends Who Engage in the Problem Behavior	*	*	*	*	*
Favorable Attitudes Toward the Problem Behavior	*	*	*	*	
Early Initiation of the Problem Behavior	*	*	*	*	*
Constitutional Factors	*	*			*

Source: Hawkins and Catalano (1993).

Protective Factors and the Social Development Model

Clearly not all children and adolescents exposed to risks engage in problem behavior. Individual outcomes vary significantly even for youth exposed to the same number and degrees of risks. It appears that those who avoid becoming engaged are buffered from the effects of the risks in their lives by what researchers have identified as protective factors (Hawkins, Catalano, & Miller, 1992; Rutter, 1990; Werner & Smith, 1990). These factors are conditions which moderate or mediate exposure to risks, protecting individuals by reducing the negative effects of risks and/or by altering the individual's reaction to them. Synthesizing the research literature, Catalano and Hawkins (1996) found three categories of protective factors, including (a) individual characteristics consisting of gender, resilient temperament, positive social orientation, and intelligence, (b) bonding with positive, pro-social others, and (c) healthy, pro-social beliefs and clear standards for behavior.

Incorporating the research evidence on risk and protective factors, as well as the strongest empirically supported propositions from other theories of behavior (namely social control, social learning, and differential association), Catalano and Hawkins (1996) have proposed the Social Development Model (Figure 1), a theory which seeks to explain the causal processes of both pro-social and antisocial behavior. The model hypothesizes that:

1. Children and youth learn pro-social and antisocial behavior through an iterative socialization process involving (a) the opportunities available to them to be involved with others; (b) the extent or degree of their actual involvement; (c) the skills they possess or learn to successfully engage; and (d) the rewards or reinforcement they receive for their involvement. This socialization process generally involves the primary socializing units of family, school, religious and other community organizations, and peers;

2. A consistent socialization process of opportunities, involvement, skills, and recognition, leads to attachments (positive emotional or affective ties to others) and commitments (a sense of investment in a social unit) between children and youth and the social unit(s) involved;

3. The attachments and commitments, or social bonds, influence children and youth to adopt beliefs and behavioral standards consistent with those people and institutions to which they are bonded. The more clearly the beliefs and standards are articulated and espoused, the more likely the adoption; and

4. Adopted beliefs, behavioral standards, and social bonds create informal controls by inhibiting behavior outside of the norms and values of the social group which may threaten the child's or adolescent's membership in the group. That is, when a social unit provides clear standards for behavior, whether pro-social or antisocial, children and youth who are bonded to that unit are less likely to risk rejection from the group by continually violating those behavioral standards.

Risk-Protective Focused Intervention and the Social Development Model As Guides for Experiential Education and Adventure Therapy.

By looking at experiential education and adventure therapy in terms of risk reduction and protection enhancement, we base our therapeutic outcomes on empirically grounded evidence for preventing and intervening in problem behaviors. To do so, we need to carefully design programs to address specific risks associated with our targeted behavioral problem(s). For example, instead of trying to build a youth's self-esteem to overcome delinquent behavior, our programs should be assessing individual risk levels and directing our program efforts at those that are most salient and malleable for the given individual, say family management problems, academic failure, friends who engage in the problem behavior, etc.

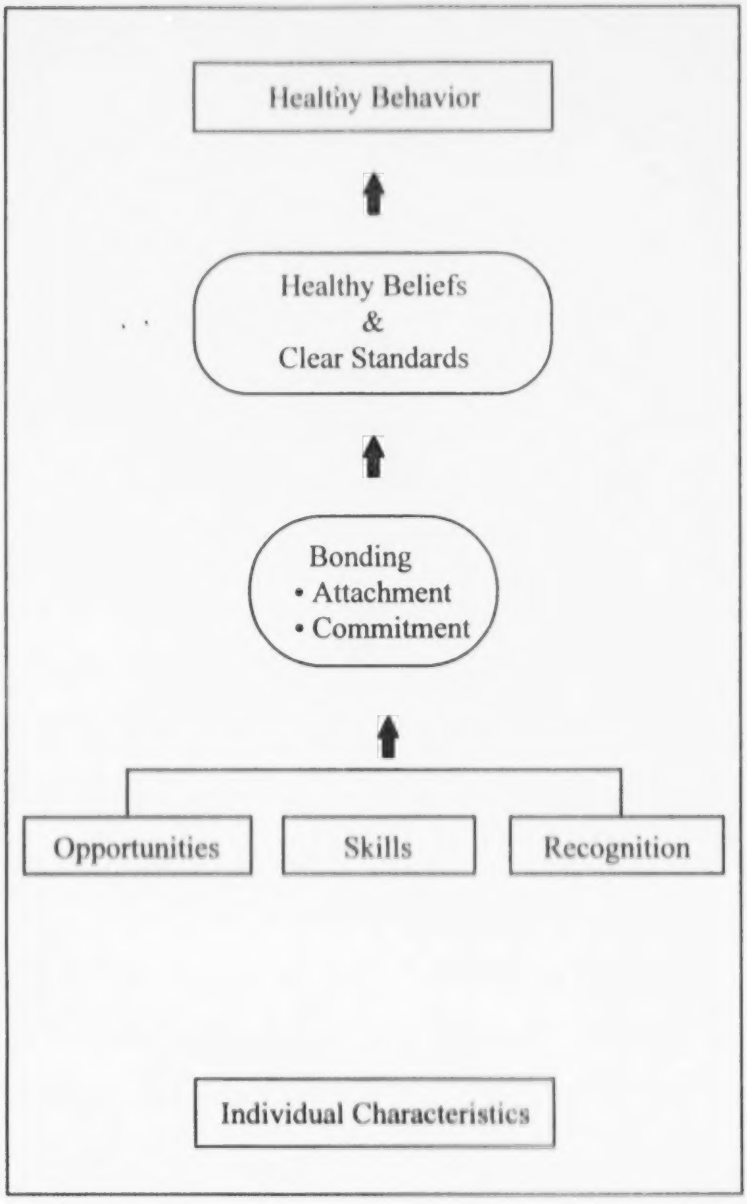

Figure 1. The Social Development Model (Catalano & Hawkins, 1996).

Additionally, the Social Development Model directs attention to the types of opportunities provided to clients and to the social networks in which we provide them. The basic premise of opportunities, skills, and recognition should guide the development and implementation of experiential education and adventure therapy programming (although it is understood that at times we don't have the luxury of selecting specific opportunities to provide to a given client). If, for example, we are concerned about an adolescent's commitment to school, a risk factor for delinquency and substance abuse, we should be providing programs that afford opportunities for the youth to bond to the school system — as opposed to being expelled from it — and to others who are committed to their education. We should also be concerned about developing their skills to effectively engage in those environments (academic, social, athletic, musical, etc.) and about the reinforcements we provide to them for actively taking part in school activity and for engaging with others who are providing appropriate behavioral norms and standards. All three components of the process (opportunities, skills, and recognition) should be given careful consideration in the development and implementation of the experiential education and adventure therapy programs we provide.

Clearly, experiential education and adventure therapy programming hold great promise for the prevention of and intervention in adolescent problem behaviors. However, in order to be most effective, the programming should address the risk and protective factors associated with those behaviors. Furthermore, programming should be based upon a strong theoretical model which guides development and research. The social development theory is a promising guide for programming and, we believe, a natural fit to experiential education and adventure therapy programming.

REFERENCES

Berrueta–Clement, J., Schweinhart, L., Barnett, W., Epstein, A., & Weikert, D. (1984). Changed lives: The effects of the Perry Preschool Program on youths through age 19. *Monograph of the High-Scope Educational Research Foundation, 8.*

Brewer, D. D., Hawkins, J. D., Catalano, R. F., & Neckerman, H. J. (1995). Preventing serious, violent, and chronic juvenile offending: A review of evaluations of selected strategies in childhood, adolescence, and the community. In J. C. Howell, B. Krisberg, J. D. Hawkins, & J. J. Wilson (Eds.), *Sourcebook on serious, violent, & chronic juvenile offenders* (pp. 61–142). Thousand Oaks, CA: Sage.

Catalano, R. F., & Hawkins, J. D. (1996). The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149–197). Cambridge, MA: Cambridge University Press.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implication for substance abuse prevention. *Psychological Bulletin, 112,* 64–105.

Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.* Washington, DC: National Academy Press.

Jenson, J. M. (1997). Risk and protective factors for alcohol and other drug use in childhood and adolescence. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 117–139). Washington, DC: National Association of Social Workers Press.

Office of Juvenile Justice and Delinquency Prevention. (1993). *Comprehensive strategy for serious, violent, and chronic juvenile offenders (OJJDP Program Summary).* Washington, DC: U.S. Department of Justice.

Office of Juvenile Justice and Delinquency Prevention. (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic juvenile offenders.* Washington, DC: U.S. Department of Justice.

Richman, J. M., & Bowen, G. L. (1997). School failure: An ecological-interactional-developmental perspective. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 95–116). Washington, DC: National Association of Social Workers Press.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In J. Rolf, A. S. Masten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology*. Cambridge: Cambridge University Press.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

Williams, J. H., Ayers, C. D. , & Arthur, M. W. (1997). Risk and protective factors in the development of delinquency and conduct disorder. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 140–170). Washington, DC: National Association of Social Workers Press.